

NOTICE OF PUBLIC HEARING
DEPARTMENT OF SOCIAL SERVICES
(Proposed: March 17, 2009)

Notice is hereby given that the Department of Social Services, pursuant to authority vested by SDCL 1-26 and 28-6, intends to adopt rules relating to the Medical Services Program, Child Protection Services Program, and Low Income Energy Assistance Program (LIEAP).

For rules relating specifically to the Medical Services Program, the effects of these changes will be to: revise terminology; specify requirements and limitations of covered transportation services; move certain fee schedules to the Department's website and establish a system under which a provider can request an amendment to the schedules; update rates of payment for covered transportation services; and establish criteria for reimbursement of covered transportation services. These rules are being amended to update and clarify current standards regarding transportation services.

For rules relating specifically to the Child Protection Services Program, the effect of these changes will be to: establish water safety standards for family foster homes and require a group care center provider to submit its building plans for review. These rules are being amended to institute new requirements to ensure the safety of children in care and align rules with the Department's current procedures.

For rules relating specifically to the LIEAP Program, the effects of these changes will be to: remove the maximum payment limit for repair of a household's heating system. These rules are being amended to allow the Department to pay for necessary heating system repairs.

Notice is also given that interested persons may present statements and arguments, either orally or in writing, relating to the proposed action in Conference Room # 2, Kneip Office Building, 700 Governors Drive, Pierre, South Dakota, on Tuesday, March 17, 2009 at 9:00 a.m. **For purposes of assisting the Department to fully understand the issues being addressed, individuals intending to present oral testimony at the hearing are asked to make a written copy of their testimony available to the Department. Testimony must relate directly to the changes being proposed and must cite the specific rule number to which the comments are being directed.**

Interested persons may, at any time prior to the hearing, obtain copies of the proposed rules and may mail their statements and arguments to: Laura Ringling, Administrative Rules, Department of Social Services, 700 Governors Drive, Pierre, South Dakota 57501. Ms. Ringling may be contacted by telephone at (605) 773-3165. Written comments must relate directly to the changes being proposed and must cite the specific rule number to which the comments are being directed. Written comments must be received by Friday, March 27, 2009 in order to be considered.

Notice is further given to individuals with disabilities that this hearing is being held in a physically accessible place. Please notify the above-mentioned office within 48 hours of the public hearing if you have special needs for which this agency will need to make arrangements. The telephone number for making special arrangements is (605) 773-3165.

The Department of Social Services, upon its own motion or at the instance of any interested persons, may thereafter adopt the above proposals substantially as above set forth without further notice.

CHAPTER 67:16:25

TRANSPORTATION SERVICES

Section

- 67:16:25:01 Definitions.
- 67:16:25:02 Ambulance services covered.
 - 67:16:25:02.01 Air ambulance restrictions.
- 67:16:25:03 Rate of payment -- Ground and air ambulance services -- ~~Basic life support.~~
 - 67:16:25:03.01 ~~Rate of payment -- Ground ambulance -- Advanced life support~~Repealed.
 - 67:16:25:03.02 ~~Rate of payment -- Medical air transport~~Repealed.
 - 67:16:25:03.03 ~~Rate of payment -- Basic life support air ambulance~~Repealed.
 - 67:16:25:03.04 ~~Rate of payment -- Advanced life support air ambulance~~Repealed.
- 67:16:25:04 Wheelchair transportation covered services.
 - 67:16:25:04.01 Wheelchair transportation -- Qualifications of driver.
 - 67:16:25:04.02 Wheelchair transportation -- Required training for driver and attendant.
 - 67:16:25:04.03 Wheelchair transportation -- Required vehicle equipment.
 - 67:16:25:04.04 Wheelchair transportation -- Securement devices.
 - 67:16:25:04.05 Wheelchair transportation -- Vehicle inspections -- Vehicle operation.
 - 67:16:25:04.06 Wheelchair transportation -- Liability insurance.
 - 67:16:25:04.07 Wheelchair transportation -- Complaints -- Inspection.
 - 67:16:25:04.08 Wheelchair transportation -- Provider to maintain certain records.
- 67:16:25:05 Rate of payment for wheelchair transportation services.
- 67:16:25:06 ~~Other transportation services covered~~Repealed.
 - 67:16:25:06.01 ~~Other transportation services --~~ LimitsTransportation services provided by
community transportation provider.
 - 67:16:25:06.02 ~~Requirements for a community~~ Reimbursable services -- Community
transportation provider.

67:16:25:06.03 Non-emergency transportation services provided by commercial carrier.

67:16:25:06.04 Transportation services provided by recipient, escort, or volunteer driver.

67:16:25:06.05 Transportation expenses advanced by non-profit service organization.

67:16:25:06.06 Covered services – Commercial carrier.

67:16:25:06.07 Covered services – Recipient, escort, or volunteer driver.

67:16:25:06.08 Covered services – Non-profit service organization.

67:16:25:07 Rate of payment for other transportation services~~Repealed.~~

67:16:25:07.01 Rate of payment for community transportation services.

67:16:25:07.02 Rate of payment – Commercial carrier.

67:16:25:07.03 Rate of payment – Recipient, escort, or volunteer driver.

67:16:25:07.04 Rate of payment – Non-profit service organization.

67:16:25:08 Billing requirements – Ground ambulance.

67:16:25:08.01 Billing requirements – Wheelchair.

67:16:25:08.02 Billing requirements – Other transportation services~~Repealed.~~

67:16:25:08.03 Billing requirements – Air ambulance.

67:16:25:08.04 Billing requirements – Community transportation services.

67:16:25:09 Utilization review.

67:16:25:10 Claim requirements – Ambulance.

67:16:25:11 Claim requirements – Wheelchair.

67:16:25:12 Claim requirements – Other transportation services~~Repealed.~~

67:16:25:12.01 Claim requirements – Community transportation services.

67:16:25:12.02 Claim requirements – Commercial carrier.

67:16:25:12.03 Claim requirements – Recipient, escort, or volunteer driver.

67:16:25:12.04 Claim requirements – Non-profit service organization.

67:16:25:12.05 Claim requirements – Modifier codes – Ambulance, wheelchair, and
community transportation services.

67:16:25:13 Application of other chapters.

67:16:25:14 Recovery of amounts overpaid.

67:16:25:01. Definitions. Terms used in this chapter mean:

~~(1) "Advanced life support air ambulance," an air ambulance which is equipped with the medical equipment required under subdivision 44:05:05:12(3);~~

~~(2) "Advanced life support services," or "ALS," those medical services provided by ambulance personnel meeting the requirements of SDCL chapter 36-4B;~~

~~(3)(1) "Air ambulance," an aircraft, fixed-wing or helicopter, that is designed or can be quickly modified to provide emergency transportation of wounded, injured, sick, invalid, or incapacitated human beings or expectant mothers to or from a place where medical care is provided and is licensed by the department of health as a medical air transport, a basic life support air ambulance, or an advanced life support air ambulance~~ Department of Public Safety under the provisions of chapter 44:05:05;

~~(4)(2) "Air mile," a unit of distance equal to one nautical mile;~~

~~(5)(3) "Ambulance provider," a company, firm, or individual licensed by the department of health~~ Department of Public Safety under the provisions of article 44:05 to provide ambulance services or, if based out of state, a company firm, or individual which provides ambulance services and is a participating ~~medicaid~~ Medicaid provider in the state where it is located;

~~(6)(4) "Ambulance service," the service defined in SDCL 34-11-2(2);~~

~~(7)(5) "Attendant," a physician, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, paramedic, qualified emergency medical technician, or other medical professional, other than the driver of an ambulance or the pilot of an air ambulance, who provides necessary medical care to or supervision of a person being transported;~~

~~(8)(6) "Base fee," an amount covering the use of the ambulance vehicle or aircraft; the driver, pilot, or pilots; one attendant; all medical equipment in the ambulance; nondisposable and first-aid supplies; applicable taxes; ground transportation of personnel and equipment; and all other charges not itemized for payment in this chapter;~~

~~(9) "Basic life support air ambulance," an air ambulance which is equipped with the medical equipment required under subdivision 44:05:05:12(2);~~

~~(10) "Basic life support service" or "BLS," those medical services such as control of bleeding, splinting of fractures, treatment for shock, or cardiopulmonary resuscitation (CPR);~~

(7) "Child," an individual up to the age of 21 who is a recipient of medical services under article 67:16;

~~(11)(8) "Community transportation service," the nonemergency transporting of a recipient to and from medical services by a community transportation provider meeting the requirements of § 67:16:25:06.02 67:16:25:06.01;~~

~~(12)(9) "Confined to a wheelchair," unable to walk without the continuous aid of another person; unable to walk in any circumstances;~~

~~(13)(10) "Escort," a person who accompanies a recipient during travel to a medical provider because the recipient is under age 18 or has a medical condition which prevents unaccompanied travel;~~

(11) "Ground ambulance," a motor vehicle licensed by the Department of Public Safety under chapter 44:05:04 and used to respond to medical emergencies;

~~(14)(12) "Loaded mileage," mileage driven or flown while a patient is being transported;~~

~~(15) "Medical air transport," an air ambulance which is equipped with the medical equipment required under subdivision 44:05:05:12(1);~~

(13) "Medical specialist," an individual who specializes in one branch of medicine, such as a pediatrician, podiatrist, cardiologist, chiropractor, dentist, dermatologist, optometrist, otologist, endocrinologist, internist, neurologist, obstetrician, oncologist, ophthalmologist, orthopedist, proctologist, psychiatrist, rheumatologist, or urologist;

(14) "Non-profit service organization," a tribe; a non-profit organization such as the Shriners, Children's Miracle Network, Ronald McDonald, Salvation Army; or a ministerial association that has an agreement with the department to provide non-emergency transportation assistance on

behalf of Medicaid recipients. A non-profit organization does not include a community transportation service provider;

(15) "Primary care provider," the physician or facility chosen by the recipient or assigned by the department under the provisions of §§ 67:16:39:05 and 67:16:39:06 to provide primary care case management services;

(16) "Trip," the transporting of a person from the person's home to a medical provider, between medical providers, or from a medical provider to the person's home;

(17) "Volunteer driver," an individual who owns or has access to a private vehicle not used for commercial transportation purposes and who uses that vehicle for the occasional nonemergency medical transportation of eligible recipients, but not the recipient in need of transportation; and

(18) "Wheelchair transportation provider," a company, firm, or individual that uses specifically designed and equipped vehicles to provide nonemergency transportation to and from medical care for recipients confined to wheelchairs or requiring transportation on a stretcher.

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 16 SDR 234, effective July 1, 1990; 17 SDR 18, effective August 8, 1990; 17 SDR 201, effective July 1, 1991; 19 SDR 26, effective August 23, 1992; 20 SDR 126, effective February 10, 1994; 26 SDR 157, effective June 7, 2000.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:02. Ambulance services covered. Air or ground ambulance services are limited to transporting the recipient locally or to the nearest medical provider that is equipped or trained to provide the necessary service. The following services are eligible for payment when provided by a participating ambulance provider:

(1) Ground ambulance service to or from a medical provider or between medical facilities when other means of transportation would endanger the life or health of the patient;

(2) Air ambulance service when the requirements of § 67:16:25:02.01 have been met;

(3) Services of additional attendants when ~~determined medically necessary by the provider;~~

(4) Oxygen provided during transit;

(5) Loaded mileage. Mileage may not be billed for more than one patient per trip;

(6) ~~The basic life support ground and air ambulance services covered payable under the provisions of § 67:16:25:03;~~

~~(7) The advanced life support services covered under § 67:16:25:03.01;~~

~~—(8) The services provided by a medical air transport under § 67:16:25:03.02;~~

~~—(9) The services provided by a basic life support air ambulance under § 67:16:25:03.03; and~~

~~—(10) The services provided by an advanced life support air ambulance under § 67:16:25:03.04.~~

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:02.01. Air ambulance restrictions. Air ambulance services must meet all of the following criteria:

- (1) The transportation must be medically necessary because of time, distance, emergency, or other factors or when transportation by any other means is contraindicated;
- (2) The transportation must be the result of a physician's written orders requiring the specific level of air transportation for medical purposes; and
- (3) The provider must be licensed according to chapter ~~44:04:05~~ 44:05:05 or licensed as an air ambulance in the state where the provider is located.

Source: 17 SDR 201, effective July 1, 1991.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:03. Rate of payment -- Ground and air ambulance services -- Basic life support. The rate of payment for BLS ground or air ambulance service is the base fee, loaded mileage, and other medically necessary covered services.

Payment is limited to the lesser of the provider's usual and customary charge or the fee contained ~~in the following table:~~ on the department's website located at <http://dss.sd.gov/medicalservices/providerinfo/feeschedule.asp>.

<u>CODE</u>	<u>PROCEDURE</u>	<u>FEE</u>
A0010	Base fee, basic life support, including one attendant	\$65.05
A0020	Loaded mileage, per mile or fraction thereof	1.95
A0070	Oxygen administered, including disposable supplies	17.96
W0100	Each additional attendant, only when required	32.42
W0140	Defibrillation, includes automatic external defibrillators	23.50
W0175	Suction, including disposable supplies	17.96

The procedures and associated rates of payment are subject to review and amendment under the provisions of § 67:16:01:28.

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 11 SDR 26, effective August 21, 1984; 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 21 SDR 68, effective October 13, 1994; 22 SDR 94, effective January 10, 1996; 26 SDR 157, effective June 7, 2000; 28 SDR 166, effective June 12, 2002.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1, 28-6-1.1.

67:16:25:03.01. Rate of payment – Ground ambulance – Advanced life support. The rate of payment for ALS ground ambulance service is the base fee, loaded mileage, and other necessary services that are covered.

~~— Payment is limited to the lesser of the provider's usual and customary charge or the fee contained in the following table: Repealed.~~

CODE	PROCEDURE	FEE
A0223	Base fee, advanced life support, including one attendant	\$99.62
W0100	Each additional attendant, only when required	32.42
A0070	Oxygen administered, including disposable supplies	17.96
A0020	Loaded mileage, per mile or fraction thereof	1.95
W0110	Trach kit	40.35
W0120	IV fluids and supplies	52.74
W0130	Intubation/esophageal obturator airway, including disposable supplies	41.40
W0140	Defibrillation	23.50
W0150	Injection, each, including medication and supplies	8.41
W0160	Cardiac monitor, including disposable supplies	40.35
W0170	Telemetry	23.50
W0175	Suction, including disposable supplies	17.96

Source: 13 SDR 8, effective August 3, 1986; 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 21 SDR 68, effective October 13, 1994; 22 SDR 94, effective January 10, 1996; 26 SDR 157, effective June 7, 2000.

General Authority: ~~SDCL 28-6-1.~~

~~— Law Implemented: SDCL 28-6-1.~~

~~— Cross-References:~~

~~— Ambulance service, SDCL ch 34-11;~~

~~— Ambulance operation, art 44:05;~~

~~Advanced life support personnel, SDCL ch 36-4B;~~

~~— Advanced life support, art 20:61.~~

67:16:25:03.02. Rate of payment – Medical air transport. The rate of payment for medical air transport is the base fee, loaded air mileage, and other medically necessary services that are covered.

~~Payment is limited to the lesser of the provider's usual and customary charge or the fee contained in the following table:~~

CODE	PROCEDURE	FEE
W0100	Each additional attendant, only when medically necessary	\$32.42
W0175	Suction, including disposable supplies	17.96
W6000	Base fee, medical air transport, including one attendant	112.04
W6020	Loaded air mileage, per mile or fraction thereof	4.54
W6050	Additional recipient fee, medical air transport	56.02
W6080	Airport fees, fixed wing only, must show actual charge from the	
	airport for this specific flight	168.06

~~If more than one recipient is transported at the same time, the claim for the additional recipient is limited to procedure codes W0175 and W6050 Repealed.~~

Source: 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 21 SDR 68, effective October 13, 1994; 22 SDR 94, effective January 10, 1996; 26 SDR 157, effective June 7, 2000.

General Authority: SDCL 28-6-1.

~~Law Implemented: SDCL 28-6-1.~~

~~Cross Reference: Covered services must be medically necessary, § 67:16:01:06.02.~~

~~67:16:25:03.03. Rate of payment – Basic life support air ambulance. The rate of payment for basic life support air ambulance is the base fee, loaded air mileage, and other medically necessary services that are covered. Payment is limited to the lesser of the provider's usual and customary charge or the fee contained in the following table:~~

CODE	PROCEDURE	FEE
A0070	Oxygen administered, including disposable supplies	\$17.96
W0100	Each additional attendant, only when medically necessary	32.42
W0120	IV fluids and supplies	52.74
W0175	Suction, including disposable supplies	17.96
W6010	Base fee, basic life support air ambulance including one attendant	168.06
W6030	Loaded air mileage, per mile or fraction thereof	5.59
W6060	Additional recipient fee, basic life support	84.08
W6080	Airport fees, fixed wing only, must show actual charge from the	
	airport for this specific flight	168.06

~~If more than one recipient is being transported at the same time, the claim for the additional recipient is limited to procedure codes A0070, W0120, W0175, and W6060 Repealed.~~

~~Source: 17 SDR 201, effective July 1, 1991; 21 SDR 68, effective October 13, 1994; 22 SDR 94, effective January 10, 1996; 26 SDR 157, effective June 7, 2000.~~

~~General Authority: SDCL 28-6-1.~~

~~Law Implemented: SDCL 28-6-1.~~

~~Cross Reference: Covered services must be medically necessary, § 67:16:01:06.02.~~

67:16:25:03.04. Rate of payment -- Advanced life support air ambulance. The rate of payment for advanced life support air ambulance is the base fee and loaded air mileage. Payment is limited to the lesser of the provider's usual and customary charge or the fee contained in the following table:

<u>CODE</u>	<u>PROCEDURE</u>	<u>FEE</u>
A0430	Base fee, advanced life support air ambulance	
	(fixed wing), including one attendant	\$ 896.31
A0431	Base fee, advanced life support air ambulance	
	(helicopter), including one attendant	1,120.39
W6040	Loaded air mileage, per mile or fraction thereof	8.98
W6070	Additional recipient fee, advanced life	491.76

~~If an additional recipient is transported at the same time, the claim for the additional recipient is limited to procedure code W6070 Repealed.~~

Source: 17 SDR 201, effective July 1, 1991; 21 SDR 68, effective October 13, 1994; 22 SDR 94, effective January 10, 1996; 26 SDR 157, effective June 7, 2000; 28 SDR 166, effective June 12, 2002.

~~General Authority: SDCL 28-6-1.~~

~~Law Implemented: SDCL 28-6-1.~~

~~Cross Reference: Covered services must be medically necessary, § 67:16:01:06.02.~~

67:16:25:04.01. Wheelchair transportation – Qualifications of driver. A wheelchair transportation provider must ensure that the driver providing the transportation service meets the following criteria:

- (1) Possesses a valid ~~South Dakota~~ driver's license for the class of vehicle driven;
- (2) Is at least 18 years old and has at least one year of experience as a licensed driver;
- (3) During the previous three years, has not had a driver's license suspended under the provisions of SDCL chapter 32-12 or under similar laws of the individual's home state;
- (4) During the previous three years, has not had a conviction of driving under the influence pursuant to SDCL chapter 32-23 or under similar laws of the individual's home state; and
- (5) Does not have a hearing loss of more than 30 decibels in the better ear with or without a hearing aid. A driver whose hearing meets this minimum requirement only when wearing a hearing aid must wear a hearing aid and have it in operation at all times while driving.

Source: 25 SDR 83, effective December 15, 1998.

General Authority: SDCL 28-6-1(2), 28-6-1(4).

Law Implemented: SDCL 28-6-1(2), 28-6-1(4).

67:16:25:05. Rate of payment for wheelchair transportation services. The rate of payment for wheelchair transportation services is ~~as contained in the following table;~~ limited to the lesser of the provider's usual and customary charge or the fee contained on the department's website located at <http://dss.sd.gov/medicalservices/providerinfo/feeschedule.asp>.

<u>CODE</u>	<u>PROCEDURE</u>	<u>FEE</u>
A0130	One trip, one person, wheelchair bound	\$14.50
W0180	One trip, more than one person, wheelchair bound, per person	11.40
W0182	One trip, one person, stretcher	23.90
W0184	One trip, more than one person, stretcher, per person	19.75
W0186	Hospital transfer, one person, one trip, wheelchair bound	20.80
W0188	Hospital transfer, more than one person, one trip, per person, wheelchair bound	16.65
W0189	Oxygen, per trip, when physician ordered	5.20
W0190	Loaded mileage, per mile or fraction thereof, limited to miles driven outside the city limits	.94

~~If more than one recipient is aboard for any portion of the trip, procedure code W0180, W0184, or W0188 must be used in billing for each recipient.~~

~~To be eligible for W0186 or W0188 the recipient must have been discharged from an inpatient hospital stay.~~

Mileage may only be claimed for trips outside the city limits. To be eligible for loaded mileage for trips outside the city limits, the provider must have legal authority to operate outside the city limits.

Payment for wheelchair transportation services outside the city limits includes the applicable trip fee as indicated in this section and loaded mileage calculated from the point the trip goes outside the city limits to the destination, ~~limited to 100 miles or \$94 per recipient per day.~~ Only one mileage allowance is payable for each trip regardless of the number of passengers.

The procedures and associated rates of payment are subject to review and amendment under the provisions of § 67:16:01:28.

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 19 SDR 26,

effective August 23, 1992; 20 SDR 214, effective June 20, 1994; 22 SDR 94, effective January 10, 1996; 25 SDR 83, effective December 15, 1998; 26 SDR 157, effective June 7, 2000.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1, 28-6-1.1.

67:16:25:06. Other transportation services covered. ~~Transportation services other than ground ambulance, air ambulance, or wheelchair transportation services are limited to the following:~~

- ~~—(1) Transportation by a commercial carrier;~~
- ~~—(2) Transportation by a community transportation provider;~~
- ~~—(3) Mileage; and~~
- ~~—(4) Meals and lodging Repealed.~~

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 16 SDR 234, effective July 1, 1990; 20 SDR 126, effective February 10, 1994; 25 SDR 69, effective November 12, 1998.

General Authority: ~~SDCL 28-6-1(1).~~

~~—Law Implemented: SDCL 28-6-1(1).~~

~~—Cross Reference: Requirements for a community transportation provider, § 67:16:25:06:02.~~

~~67:16:25:06.01. Other transportation services — Limits Transportation services provided by community transportation provider. The transportation services covered under § 67:16:25:06 are subject to the following limits:~~

~~— (1) Transportation must be from an eligible recipient's residence to a medical provider, between medical providers, or from a medical provider to the recipient's residence. A recipient's residence does not include a hospital, a nursing facility, a long-term care facility for the mentally retarded, or an institution for the treatment of individuals with mental diseases;~~

~~— (2) Transportation must be to or from medically necessary examinations or treatment when the services are covered under article 67:16 and are provided by a provider who is enrolled or eligible for enrollment in the medical assistance program;~~

~~— (3) Transportation must be local or to the closest facility or medical provider capable of providing the necessary services;~~

~~— (4) Mileage on behalf of a recipient when all other means of available transportation are of the same or greater cost and the availability of transportation at no cost to the department does not exist. Mileage is limited to miles traveled outside the city limits. Only one mileage allowance is payable for each trip regardless of the number of recipients being transported;~~

~~— (5) Mileage when the volunteer driver is returning to the point of origin after delivering the recipient or is traveling to a medical institution to transport a recipient who is being discharged; and~~

~~— (6) Meals and lodging not to exceed 14 days for each medical stay for the recipient and, when necessary, one escort or volunteer driver during a medically necessary time away from the recipient's home community. Meals are allowed only if an overnight stay is required.~~

~~— Transportation expenses payable by a third party are not eligible for reimbursement under this chapter. Community transportation services are covered if the following requirements are met:~~

(1) The transportation provider is a governmental entity or registered as a nonprofit organization with the South Dakota Secretary of State;

(2) The entity or organization has a signed transportation provider agreement with the department to furnish nonemergency medical transportation to recipients;

(3) Transportation is from an eligible recipient's residence to a medical provider, between medical providers, or from a medical provider to the recipient's residence. A recipient's residence does not include a hospital, penal institution, detention center, school, campus setting, nursing facility, an intermediate care facility for the mentally retarded or the developmentally disabled, or an institute for the treatment of an individual with a mental disease.

(4) Transportation is to or from medically necessary examinations or treatment when the services are covered under article 67:16 and are provided by a provider who is enrolled or eligible for enrollment in the medical assistance program; and

(5) Transportation is to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from a medical provider in the recipient's medical community.

Source: 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 20 SDR 126, effective February 10, 1994; 25 SDR 69, effective November 12, 1998; 26 SDR 157, effective June 7, 2000.

General Authority: SDCL 28-6-1(1), 28-6-1(2).

Law Implemented: SDCL 28-6-1(1), 28-6-1(2).

67:16:25:06.02. Requirements for a communityReimbursable services -- Community transportation provider. A community transportation provider must be a governmental entity or registered as a nonprofit organization with the South Dakota secretary of state. The organization or entity must have a signed transportation provider agreement with the department to furnish nonemergency medical transportation to recipients. If the requirements of § 67:16:25:06.01 are met, reimbursable community transportation services are limited to the following:

- (1) Transport of a recipient; and
- (2) Mileage.

Transportation expenses payable by a third party are not eligible for reimbursement under this chapter.

Source: 20 SDR 126, effective February 10, 1994; 26 SDR 157, effective June 7, 2000.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.03. Non-emergency transportation services provided by commercial carrier.

Non-emergency transportation services provided by a commercial carrier are covered if the following requirements are met:

(1) Transportation is from an eligible recipient's city of residence to a medical provider located in another city, between medical providers located in different cities, or from a medical provider located in one city to the recipient's city of residence. If the recipient's city of residence does not have a commercial carrier or if a commercial carrier located in another city is less costly, the department shall pay the recipient's transportation expenses from the recipient's city of residence to the commercial carrier under provisions of § 67:16:25:06.04 or 67:16:25:06.05;

(2) Transportation is to or from medically necessary examinations or treatment when the services are covered under article 67:16 and provided by a provider who is enrolled or eligible for enrollment in the medical assistance program; or the transportation is between a medical provider and the recipient's city of residence and is for the purpose of allowing a parent or guardian to travel to visit a minor who is a recipient, in a hospital or medical facility, and receiving medically necessary services covered under article 67:16 and the travel is necessary to meet the requirements of the child's service care plan;

(3) Transportation is to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from the recipient's medical provider; or transportation is for a visit referred to in subsection (2) of this section; and

(4) The department has worked with the commercial carrier to arrange the travel and prior authorized the service.

The department may waive any of the conditions of this section if paying for the transportation costs results in a cost savings for the department.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.04. Transportation services provided by recipient, escort, or volunteer driver.

Non-emergency transportation services provided by the recipient, an escort, or a volunteer driver are covered if the following requirements are met:

(1) The expenses are covered under § 67:16:25:06.07;

(2) The transportation is outside the recipient's city of residence;

(3) Transportation is from an eligible recipient's city of residence to a medical provider located in another city, between medical providers located in different cities, or from a medical provider located in one city to the recipient's city of residence;

(4) Transportation is to or from medically necessary examinations or treatment when the services are covered under article 67:16 and are provided by a provider who is enrolled or eligible for enrollment in the medical assistance program; or the transportation is between a medical provider and the recipient's city of residence and is for the purpose of allowing a parent or guardian to travel to visit a child who is in a hospital or medical facility and receiving medically necessary services covered under article 67:16 and the travel is necessary to meet the requirements of the child's service care plan; and

(5) Transportation is to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from the recipient's medical provider; or the transportation is for a visit referred to in subsection (4) of this section.

The department may waive any of the conditions contained in the above subsections if paying for the transportation costs results in a cost savings for the department.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.05. Transportation expenses advanced by non-profit service organization.

A non-profit service organization must have a signed agreement with the department to provide non-emergency transportation services. Transportation expenses advanced by a non-profit service organization are reimbursable if the following requirements are met:

- (1) The expenses are covered under § 67:16:25:06.08;
- (2) The transportation is outside the recipient's city of residence;
- (3) Transportation is from an eligible recipient's city of residence to a medical provider located in another city, between medical providers located in different cities, or from a medical provider located in one city to the recipient's city of residence;
- (4) Transportation is to or from medically necessary examinations or treatment when the services are covered under article 67:16 and are provided by a provider who is enrolled or eligible for enrollment in the medical assistance program; or the transportation is between a medical provider and the recipient's city of residence and is for the purpose of allowing a parent or guardian to travel to visit a child who is in a hospital or medical facility and receiving medically necessary services covered under article 67:16 and the travel is necessary to meet the requirements of the child's service care plan; and
- (5) Transportation is to the closest facility or medical provider capable of providing the necessary services, unless the recipient has a written referral or a written authorization from the recipient's medical provider; or the transportation is for a visit referred to in subsection (4) of this section.

The department may waive any of the conditions contained in the above subsections if paying for the transportation costs results in a cost savings for the department.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.06. Covered services - Commercial carrier. Transportation services provided by a commercial carrier are covered if the services meet the requirements of § 67:16:25:06.03 and are arranged through and approved by the department before being provided.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.07. Covered services - Recipient, escort, or volunteer driver. The following transportation services are covered if the service meets the requirements of § 67:16:25:06.04 and are provided by the recipient, an escort, or a volunteer driver:

(1) Loaded mileage if the transportation is outside the recipient's city of residence and provided when all other means of available transportation are of the same or greater cost and the availability of transportation at no cost to the department does not exist;

(2) Mileage driven by a volunteer driver who lives in another city and drives to the recipient's city of residence to transport the recipient when there is no other means of transporting the recipient;

(3) Mileage driven by a parent or guardian to travel to visit a child who is in a hospital or medical facility and receiving medically necessary services covered under article 67:16 and the travel is necessary to meet the requirements of the child's service care plan;

(4) Mileage if the transportation is outside the recipient's city of residence and the escort or volunteer driver is returning to the point of origin after delivering the recipient to a medical provider;

(5) Mileage when the transportation is outside the recipient's city of residence to transport a recipient who is being discharged from a hospital or medical facility;

(6) Lodging for travel to or from a medical provider if the provider is at least 100 miles from the recipient's city of residence and travel is to obtain specialty care or treatment that results in an overnight stay. Lodging is limited to 14 days for each medical stay unless the department prior authorizes additional days. A recipient may not receive reimbursement for lodging for days the recipient is an inpatient in a hospital or medical facility; and

(7) Meals for travel to or from a medical provider if the provider is outside the recipient's city of residence and travel is to obtain specialty care or treatment that results in an overnight stay. Meals are limited to 14 days for each medical stay unless the department prior

authorizes additional days. A recipient may not receive reimbursement for meals for days the recipient is an inpatient in a hospital or medical facility.

The department may waive any of the conditions of this section if paying for the transportation costs results in a cost savings for the department.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:06.08. Covered services - Non-profit service organization. The following transportation expenses are reimbursable if the transportation meets the requirements of § 67:16:25:06.05 and the expenses are advanced by a non-profit service organization:

(1) Loaded mileage if the transportation is outside the recipient's city of residence and provided when all other means of available transportation are of the same or greater cost and the availability of transportation at no cost to the department does not exist;

(2) Mileage when the transportation is outside the recipient's city of residence to transport a recipient who is being discharged from a hospital or medical facility;

(3) Lodging for travel to or from a medical provider if the provider is at least 100 miles from the recipient's city of residence and travel is to obtain specialty care or treatment that results in an overnight stay. Lodging is limited to 14 days for each medical stay unless the department prior authorizes additional days. A recipient may not receive reimbursement for lodging for days the recipient is an inpatient in a hospital or medical facility; and

(4) Meals for travel to or from a medical provider if the provider is outside the recipient's city of residence and travel is to obtain specialty care or treatment that results in an overnight stay. Meals are limited to 14 days for each medical stay unless the department prior authorizes additional days. A recipient may not receive reimbursement for meals for days the recipient is an inpatient in a hospital or medical facility.

The department may waive any of the conditions of this section if paying for the transportation costs results in a cost savings for the department.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:07. Rate of payment for other transportation services. ~~Except for community transportation services, the rate of payment for other transportation services is as follows:~~

- ~~—(1) For services provided by a commercial carrier, the actual cost of the fare;~~
- ~~—(2) For mileage, 24 cents a mile;~~
- ~~—(3) For meals for a recipient, escort, or volunteer driver when an overnight stay is required, four dollars for breakfast if away from home between 5:30 a.m. and 8:00 a.m.; four dollars for lunch if away from home between 11:30 a.m. and 1:00 p.m.; and four dollars for supper if away from home between 5:30 p.m. and 8:00 p.m.;~~
- ~~—(4) For lodging for a recipient, escort, or volunteer driver, the amount of actual costs up to \$25 plus tax a day; and~~
- ~~—(5) For a mode of transportation chosen by the recipient which is more expensive or for a provider who is more distant than is medically necessary, the amount of the least costly method of transportation suitable and available for travel to the closest facility or medical provider capable of providing the necessary service.~~

~~—If retroactive eligibility for medical assistance has been determined, payment for those documented expenses incurred during the retroactive benefit period are subject to the limits contained in § 67:16:25:06.01 and paid according to this section Repealed.~~

Source: 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 11 SDR 26, effective August 21, 1984; 16 SDR 234, effective July 1, 1990; 17 SDR 201, effective July 1, 1991; 20 SDR 126, effective February 10, 1994; 25 SDR 69, effective November 12, 1998; 26 SDR 157, effective June 7, 2000.

~~—General Authority: SDCL 28-6-1(1), 28-6-1(2).~~

~~—Law Implemented: SDCL 28-6-1(1), 28-6-1(2).~~

67:16:25:07.01. Rate of payment for community transportation services. The rate of payment for community transportation services is ~~as follows:~~ available on the department's website located at: <http://dss.sd.gov/medicalservices/providerinfo/feeschedule.asp>.

PROCEDURE		
CODES	SERVICE	FEE
W0191	One trip, one person, in city	\$2.00
W0192	One trip, more than one person, in city, per person	2.00
W0193	One trip, one person, out of city	5.00
W0194	One trip, more than one person, out of city, per person	4.00
W0195	Mileage, per mile or fraction of a mile	.50

Reimbursement for loaded mileage is allowed if the trip extends beyond the city limits and the trip is more than ~~25~~ 20 miles one way. In this case, payment includes the applicable trip fee as indicated in this section and loaded mileage. Loaded mileage is ~~calculated from the point the recipient is loaded to the recipient's destination~~ limited to actual mileage between the two cities, not to exceed 50 miles, and does not include in-town driving. Payment for mileage may not exceed ~~\$25 and the maximum payment allowed when a recipient is being transported is \$30 a trip.~~

Reimbursement for mileage when a recipient is not being transported is allowed if a trip extends beyond the city limits, is more than ~~25~~ 20 miles one way, and the driver is returning to the point of origin after delivering a recipient or is traveling to a medical institution to transport a recipient who is being discharged. In this case, payment is limited to ~~mileage which is calculated using actual miles~~ the actual mileage between the two cities, not to exceed 50 miles, and does not include in-town driving. ~~Payment for mileage may not exceed \$25.~~

Only one mileage allowance is payable for each trip regardless of the number of passengers.

The procedures and associated rates of payment are subject to review and amendment under the provisions of § 67:16:01:28.

Source: 20 SDR 126, effective February 10, 1994; 22 SDR 20, effective August 24, 1995; 25 SDR 69, effective November 12, 1998.

General Authority: SDCL 28-6-1(1), 28-6-1(2).

Law Implemented: SDCL 28-6-1(1), 28-6-1(2), 28-6-1.1.

67:16:25:07.02. Rate of payment – Commercial carrier. The rate of payment for transportation services provided by a commercial carrier is limited to the actual cost of the fare.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:07.03. Rate of payment – Recipient, escort, or volunteer driver. The rate of payment for transportation covered under § 67:16:25:06.07 provided by the recipient, an escort, or a volunteer driver is available on the department's website located at: <http://dss.sd.gov/medicalservices/providerinfo/feeschedule.asp> and is limited to the following:

(1) Mileage outside the recipient's city of residence, which is limited to the actual miles between the two cities and does not include miles driven within the city. Only one mileage allowance is payable for each trip regardless of the number of recipients being transported. Mileage is a reimbursable service only if a trip is completed;

(2) Meals for the recipient. If an escort or volunteer driver is needed to transport the recipient, meals for the escort or volunteer driver are reimbursable. The department shall determine whether a meal is reimbursable based on the time of the scheduled appointment and the distance needed to be traveled;

(3) Lodging for the recipient. If a recipient is transporting himself or herself, the lodging reimbursement is limited to one payment per day. If an escort or volunteer driver is transporting his or her spouse or child who is a recipient, the lodging reimbursement is limited to one payment per day for the recipient and an additional payment is not allowed for the escort or volunteer driver. If the escort or volunteer driver is transporting someone other than his or her spouse or child, the escort or volunteer driver is allowed an additional payment per day for lodging expenses.

If the recipient, escort, or volunteer driver receives an advance from a non-profit service organization, payment to the recipient, escort, or volunteer driver is limited to the maximum amount of reimbursement established less the amount advanced by the non-profit service organization.

If the mode of transportation chosen by the recipient is more expensive or if the provider is more distant than is medically necessary, the department shall consider the least costly

method of transportation suitable and available for travel to the closest facility or medical provider available and capable of providing the necessary service.

If the department determines that an individual is retroactively eligible for medical assistance, payment for those documented expenses incurred during the retroactive benefit period is subject to the limits in effect on the date of the service.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:07.04. Rate of reimbursement - Non-profit service organization. The rate of payment for transportation expenses covered under § 67:16:25:06.08 and advanced by a non-profit service organization is available on the department's website located at: <http://dss.sd.gov/medicalservices/providerinfo/feeschedule.asp> and is limited to the following:

(1) Mileage outside the recipient's city of residence, which is limited to the actual miles between the two cities and does not include miles driven within the city. Only one mileage allowance is payable for each trip regardless of the number of recipients being transported.

Mileage is a reimbursable service only if a trip is completed;

(2) Meals for the recipient. If an escort or volunteer driver is needed to transport the recipient, meals for the escort or volunteer driver are reimbursable. The department shall determine whether a meal is reimbursable based on the time of the scheduled appointment and the distance needed to be traveled;

(3) Lodging for the recipient. If a recipient is transporting himself or herself, the lodging reimbursement is limited to one payment per day. If an escort or volunteer driver is transporting his or her spouse or child who is a recipient, the lodging reimbursement is limited to one payment per day for the recipient and an additional payment is not allowed for the escort or volunteer driver. If the escort or volunteer driver is transporting someone other than his or her spouse or child, the escort or volunteer driver is allowed an additional payment per day for lodging expenses.

The department shall reimburse the non-profit service organization the amount advanced, not to exceed the limits established for each of the applicable covered services. If the recipient, escort, or volunteer driver incurs transportation expenses which were not advanced by the non-profit service organization, reimbursement for the additional expenses is limited to the maximum amount of reimbursement established less the amount advanced by the non-profit service organization.

If the mode of transportation chosen by the recipient is more expensive or if the provider is more distant than is medically necessary, the department shall consider the least costly method of transportation suitable and available for travel to the closest facility or medical provider available and capable of providing the necessary service.

If the department determines that an individual is retroactively eligible for medical assistance, payment for those documented expenses incurred during the retroactive benefit period is subject to the limits in effect on the date of the service.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:08.01. Billing requirements -- Wheelchair. A claim for wheelchair transportation service must be submitted at the provider's usual and customary charge.

A provider may bill for services only if a recipient has been transported. A provider may not bill for any portion of a wheelchair service during which the recipient was not physically present in the wheelchair transportation vehicle.

A provider may not submit a claim for in-town mileage. ~~Except for W0190, procedure codes contained in § 67:16:25:05 must be billed as one unit.~~ If an extra patient or passenger was transported with the recipient, the provider must add the modifier "TK" to the procedure code being billed. If a hospital arranged for the transfer, the provider must add the modifier "QM" to the procedure code being billed.

Source: 16 SDR 234, effective July 1, 1990; 17 SDR 4, effective July 16, 1990; 20 SDR 214, effective June 20, 1994.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Third-party liability, ch 67:16:26.

~~67:16:25:08.02. Billing requirements -- Other transportation services. A claim for other transportation services must follow the provisions of § 67:16:25:07.~~

~~A long-term care facility may not submit a claim for other transportation services. Such services are considered routine under the provisions of § 67:16:04:41 and are included in the facility's cost reports required in § 67:16:04:34.~~

~~Except as allowed in subdivision 67:16:25:06.01(5) and § 67:16:25:07.01, a provider may bill for other transportation services only if a recipient has been transported Repealed.~~

~~Source: 16 SDR 234, effective July 1, 1990; 20 SDR 126, effective February 10, 1994; 22 SDR 20, effective August 24, 1995.~~

~~General Authority: SDCL 28-6-1.~~

~~Law Implemented: SDCL 28-6-1.~~

~~Cross-Reference: Third-party liability, ch 67:16:26.~~

67:16:25:08.03. Billing requirements – Air ambulance. A claim for air ambulance must be submitted at the provider's usual and customary charge. A provider may bill for services only if a recipient was actually transported. A provider may not bill for any portion of ambulance service during which the recipient was not physically present in the air ambulance.

~~A claim for medical air transport must contain the applicable procedure codes established in § 67:16:25:02. A claim for basic life support air ambulance must contain the applicable procedure codes established in § 67:16:25:03.03. A claim for advanced life support emergency air ambulance services must contain the applicable procedure codes established in § 67:16:25:03.04 for the services provided.~~

~~If an air ambulance is licensed to provide advanced life support services but the services provided on behalf of an eligible recipient are limited to basic life support services or medical air transport, the provider's claim for services is limited to the procedure codes established in § 67:16:25:03.02 or 67:16:25:03.03.~~

Charges for transporting the patient from the airport to the hospital or from the hospital to the airport must be billed by the ground ambulance provider and may not be included in the air ambulance charge. If an extra patient or passenger is transported with the recipient, the provider must add the modifier "TK" to the procedure code being billed.

A copy of the physician's written order specifying the medical necessity and the level of air transportation medically required must be maintained in the provider's records and made available on request.

Source: 17 SDR 201, effective July 1, 1991; 25 SDR 83, effective December 15, 1998.

General Authority: SDCL 28-6-1(1), 28-6-1(2), 28-6-1(4).

Law Implemented: SDCL 28-6-1(1), 28-6-1(2), 28-6-1(4).

67:16:25:08.04. Billing requirements – Community transportation services. A claim submitted for community transportation services must be at the provider's usual and customary charge. A provider may not submit a claim for loaded mileage if the trip is ~~25~~ 20 miles or less.

A claim for community transportation services must contain the applicable procedure codes established in § 67:16:25:07.01 for the services provided. If an extra patient or passenger is transported with the recipient, the provider must add the modifier "TK" to the procedure code being billed. If the trip is outside the provider's customary service area, the provider must add the modifier "TN" to the procedure code being billed.

A long-term care facility may not submit a claim for community transportation services. Such services are considered routine under the provisions of § 67:16:04:41 and are included in the facility's cost reports required in § 67:16:04:34.

Source: 22 SDR 20, effective August 24, 1995.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:10. Claim requirements -- Ambulance. A claim for air or ground ambulance services provided under this chapter must be submitted on a form ~~which~~ or in an electronic format that contains the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance identification number from the recipient's medical assistance identification card;
- (3) Third-party liability information required under chapter 67:16:26;
- (4) Date of service;
- (5) Place of service;
- (6) The point of origin and the destination of the recipient being transported;
- (7) The provider's usual and customary charge. The provider may not subtract other third-party or cost-sharing payments from this charge;
- (8) The applicable procedure codes for the ~~services covered under §§ 67:16:25:03 to 67:16:25:03.04, inclusive provided;~~
- (9) The applicable diagnostic codes as contained in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) adopted in § 67:16:01:26, or the reason the recipient required the type of transportation provided;
- (10) The units of service furnished, if more than one;
- (11) The provider's name and medical assistance identification number; and
- (12) The reason for any additional attendant provided.

A separate claim ~~form~~ must be ~~used~~ submitted for each recipient.

Source: 17 SDR 4, effective July 16, 1990; 17 SDR 201, effective July 1, 1991; 18 SDR 78, effective November 4, 1991; 19 SDR 26, effective August 23, 1992; 19 SDR 128, effective March 11, 1993; 20 SDR 149, effective March 21, 1994; 21 SDR 183, effective April 30, 1995.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Claims, ch 67:16:35.

Note: The ~~HCFA~~ CMS 1500 form substantially meets the requirements of this rule and its content and appearance are acceptable to the department. These forms are available for direct purchase through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (202) 783-3238 - pricing desk.

67:16:25:11. Claim requirements – Wheelchair. A claim for wheelchair services provided under this chapter must be submitted on a form ~~which~~ or in an electronic form that contains the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance number from the recipient's medical assistance identification card;
- (3) Third-party liability information required under chapter 67:16:26;
- (4) Date of service;
- (5) Place of service;
- (6) The point of origin and the destination of the recipient being transported;
- (7) The provider's usual and customary charge. The provider must not subtract other third-party or cost-sharing payments from this charge;
- (8) The applicable procedure codes for the services covered under § 67:16:25:05 provided;
- (9) The units of service furnished, if more than one; and
- (10) The provider's name and medical assistance identification number.

A separate claim ~~form~~ must be used submitted for each recipient.

Source: 17 SDR 4, effective July 16, 1990.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Claims, ch 67:16:35.

Note: The ~~HCFA~~ CMS 1500 form substantially meets the requirements of this rule and its content and appearance are acceptable to the department. These forms are available for direct purchase through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (202) 783-3238 - pricing desk.

~~67:16:25:12. Claim requirements -- Other transportation services. A claim for other transportation services provided under this chapter must be submitted on a form which contains the following information:~~

- ~~—(1) The recipient's full name;~~
- ~~—(2) The recipient's medical assistance number from the recipient's medical assistance identification card;~~
- ~~—(3) Third-party liability information required under chapter 67:16:26;~~
- ~~—(4) Date of service;~~
- ~~—(5) The provider's usual and customary charge. The provider must not subtract other third-party or cost-sharing payments from this charge;~~
- ~~—(6) The services covered under § 67:16:25:07;~~
- ~~—(7) The units of service furnished, if more than one; and~~
- ~~—(8) The provider's name and medical assistance identification number.~~
- ~~—A separate claim form must be used for each recipient Repealed.~~

~~Source: 17 SDR 4, effective July 16, 1990.~~

~~—General Authority: SDCL 28-6-1.~~

~~—Law Implemented: SDCL 28-6-1.~~

~~—Cross Reference: Claims, ch 67:16:35.~~

~~—Note: The HCFA 1500 form substantially meets the requirements of this rule and its content and appearance are acceptable to the department. These forms are available for direct purchase through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (202) 783-3238 pricing desk.~~

67:16:25:12.01. Claim requirements -- Community transportation services. A claim for community transportation services provided under this chapter must be submitted on a form which or in an electronic format that contains the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance identification number from the recipient's medical assistance identification card;
- ~~—(3) Third party liability information required under chapter 67:16:26;~~
- (4)(3) Date of service;
- ~~—(5) Place of service;~~
- (6)(4) The point of origin and the destination of the recipient being transported;
- (7)(5) The provider's usual and customary charge. ~~The provider may not subtract other third party or cost sharing payments from this charge;~~
- (8)(6) ~~The services covered under § 67:16:25:07.01~~ applicable procedure codes for the services provided;
- (9)(7) The units of service furnished, if more than one; and
- (10)(8) The provider's name and medical assistance identification number.

A separate claim form must be used submitted for each recipient.

Source: 22 SDR 20, effective August 24, 1995.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Cross-Reference: Claims, ch 67:16:35.

Note: The HCFA CMS 1500 form substantially meets the requirements of this rule and its content and appearance are acceptable to the department. These forms are available for direct purchase through the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (202) 783-3238 - pricing desk.

67:16:25:12.02. Claim requirements – Commercial carrier. A claim for transportation services provided by a commercial carrier must contain the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance identification number from the recipient's medical assistance identification card;
- (3) If applicable, the name of the escort;
- (4) The mode of transportation;
- (5) The city of origin;
- (6) The city of destination;
- (7) The date and time of the medical appointment;
- (8) The name of the medical facility;
- (9) The date of departure; and
- (10) The return date.

Source:

General Authority: SDLC 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:12.03. Claim requirements – Recipient, escort, or volunteer driver. A claim for transportation services provided by a recipient, an escort, or a volunteer driver under the provisions of this chapter must be submitted on a form available from the department. The form must contain the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance identification number from the recipient's medical assistance identification card;
- (3) The date and time of service;
- (4) The city of origin and the destination city;
- (5) The departure date and time and the return date and time;
- (6) The name of the medical facility to which the recipient is traveling and the doctor's name, national provider identification number, and specialty;
- (7) The purpose of the visit;
- (8) If applicable, the dates of hospitalization; and
- (9) The name and address of the individual who is to receive payment for the transportation services provided.

If claiming lodging expenses, the receipt from the hotel must be attached to the claim.

If a non-profit organization advanced transportation expenses, the recipient, escort, or volunteer driver must indicate on the claim the name of the organization that advanced the funds and the amount advanced.

The claim must be signed and dated by the medical provider and the recipient, parent, or guardian.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:12.04. Claim requirements – Non-profit service organization. A claim for the reimbursement of transportation expenses advanced by a non-profit service organization under the provisions of this chapter must be submitted in writing from the nonprofit service organization. The request for reimbursement must contain the following information:

- (1) The recipient's full name;
- (2) The recipient's medical assistance identification number from the recipient's medical assistance identification card;
- (3) The date and time of the service;
- (4) The city of origin and the destination city;
- (5) The departure date and time and the return date and time;
- (6) The name of the medical facility to which the recipient is traveling and the doctor's name, national provider number, and specialty;
- (7) The purpose of the visit;
- (8) If applicable, the dates of hospitalization; and
- (9) The name and address of the non-profit service organization providing the service.

If claiming lodging expenses, the nonprofit service organization must attach verification of the lodging expenses.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:12.05. Claim requirements – Modifier codes – Ambulance, wheelchair, and community transportation services. A modifier code provides the means by which the reporting provider indicates on the claim for that a service that was provided was altered by some specific circumstance but not changed in its definition or code. When applicable, the following codes must be included on a provider's claim for ambulance, wheelchair, or community transportation services:

<u>Modifier</u>	<u>Description</u>
<u>TK</u>	<u>Extra patient or passenger</u>
<u>TN</u>	<u>Rural/outside the provider's customary service area</u>
<u>QM</u>	<u>Hospital arranged wheelchair van transfer.</u>

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:25:14. Recovery of amounts overpaid. The department considers a payment made on behalf of a recipient for non-emergency transportation assistance that exceeds the amount reimbursable under this chapter to be an overpayment and subject to recovery. The department may use a payment due to a provider as an offset against a provider's existing overpayment.

Source:

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

67:16:39:11. Exempt services. The following medically necessary covered services are exempt from the provisions of this chapter:

- (1) Family planning services;
- (2) Emergency services as defined in chapter 67:16:01;
- (3) Dental services listed in chapter 67:16:06;
- (4) Podiatric services listed in chapter 67:16:07;
- (5) Optometric and optical services listed in chapter 67:16:08;
- (6) Chiropractic services listed in chapter 67:16:09;
- (7) Immunization, home-based therapy, dental, orthodontic, and chemical dependency treatment services listed in chapter 67:16:11;
- (8) Mental health services for individuals who are diagnosed as seriously emotionally disturbed as defined in § 46:20:13:04 or severely and persistently mentally ill as defined in § 46:20:12:03;
- (9) Prescription drug services listed in chapter 67:16:14;
- (10) Personal care services listed in chapter 67:16:24; and
- (11) Transportation services listed in chapter 67:16:25; ~~however, transportation for the recipient to travel to the recipient's primary care provider is not a covered service.~~

Source: 20 SDR 135, effective February 22, 1994; 30 SDR 115, effective February 4, 2004.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

CHAPTER 67:42:05
FAMILY FOSTER HOMES

Section

- 67:42:05:01 Definitions.
- 67:42:05:02 Licensing and supervision of family foster parent.
 - 67:42:05:02.01 Contents of licensing record to be available to foster parent.
- 67:42:05:03 Training and development.
- 67:42:05:04 Status and number of children cared for -- Exceptions.
- 67:42:05:05 Repealed.
- 67:42:05:06 General qualifications for family foster care provider.
 - 67:42:05:06.01 Application denied if report of child abuse or neglect is substantiated.
- 67:42:05:07 Transferred.
- 67:42:05:08 Repealed.
- 67:42:05:09 and 67:42:05:10 Repealed.
 - 67:42:05:10.01 Smoke detectors.
 - 67:42:05:10.02 Lighting.
 - 67:42:05:10.03 Water supply.
 - 67:42:05:10.04 Heating plant.
 - 67:42:05:10.05 Safety caps.
 - 67:42:05:10.06 Exits.
- 67:42:05:11 Sanitation requirements.
- 67:42:05:12 Nutrition requirements.
- 67:42:05:13 Program requirements.
- 67:42:05:14 Transferred.
- 67:42:05:15 Discipline.
- 67:42:05:16 Food quality -- Storage.

67:42:05:17 Insect and rodent control.

67:42:05:18 Railings.

67:42:05:19 Sleeping space.

67:42:05:20 Access to hazardous items – Completion of hunter safety course required.

67:42:05:21 Water safety.

67:42:05:21. Water safety. Swimming pools located on the premises of the provider's home and not emptied after each use must be secured on all sides with a fence that is at least five feet high and constructed to discourage climbing. If a chain-link fence is used, the fence must be constructed of chain link that does not exceed one and three-quarters inches. A wall of the home is not considered as one side of the fence if that area of the house has access to the pool area. Exits from and entrances to the pool must have self-closing, latching gates that must be latched and locked at all times when children in foster care are present. If the home has a hot tub, the tub must be covered with a safety cover approved by the American Society for Testing and Materials (ASTM).

Source:

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

CHAPTER 67:42:07

GROUP CARE CENTERS FOR MINORS

Section

- 67:42:07:01 Definitions.
- 67:42:07:01.01 Shelter care facility -- Length of stay.
- 67:42:07:01.02 Agreement to provide alternative services.
- 67:42:07:02 Qualifications for program director.
- 67:42:07:03 Staff-child ratio.
- 67:42:07:04 Orientation and in-service training.
- 67:42:07:05 Treatment plan.
- 67:42:07:06 Repealed.
- 67:42:07:07 Staff qualifications -- Contact with references required.
- 67:42:07:08 Staff health requirements.
- 67:42:07:09 Personnel record.
- 67:42:07:10 Health care of children.
- 67:42:07:11 Fire and health inspections.
- 67:42:07:11.01 Building plans.
- 67:42:07:12 Sleeping space.
- 67:42:07:13 Nutrition requirements.
- 67:42:07:14 Volunteers.
- 67:42:07:15 Staff responsibility for reporting suspected in-house incidents of child abuse or neglect.
- 67:42:07:16 Facility procedures for handling suspected in-house child abuse.
- 67:42:07:17 Interstate placement of children.
- 67:42:07:18 Written policy on discipline.
- 67:42:07:19 Written procedures for medication administration.

- 67:42:07:20 Psychotropic medications.
- 67:42:07:21 Repealed.
- 67:42:07:22 Required medication records.
- 67:42:07:23 Medication control.
- 67:42:07:24 Use of seclusion and restraint to be approved by child placement
agency – Required documentation.
- 67:42:07:25 Physical requirements for room used for seclusion.
- 67:42:07:26 Staff person to monitor seclusion room.
- 67:42:07:27 Placement in seclusion or restraint – Limits.
- 67:42:07:28 Review and evaluation of treatment plan.
- 67:42:07:29 Written policy requirements.

67:42:07:11.01. Building plans. Before building a new facility or renovating or altering an existing facility, the facility must submit a copy of the proposed building, renovation, or alteration plan to the department for review. The plan must indicate the interior dimensions of each room and the intended use of the room, the location of the fixtures in each bathroom, and the location of the appliances and fixtures for the kitchen. Indoor and outdoor play space must be identified.

Source:

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

67:15:04:04. Limits for ECIP payments. Maximum ECIP payment levels for the fuel or electricity used for a household's heating source shall be based on the ECIP income limits established in § 67:15:01:11. The maximum payments for the heating season are established in § 67:15:01:20.

~~—The maximum ECIP payment for heating system repair for the heating season is \$200.~~

Source: 8 SDR 95, effective February 18, 1982; 10 SDR 30, effective October 3, 1983; 12 SDR 73, effective November 4, 1985; 13 SDR 64, effective December 4, 1986; 15 SDR 128, effective February 26, 1989; 17 SDR 66, effective November 12, 1990.

General Authority: SDCL 28-1-50.

Law Implemented: SDCL 28-1-46.